

**SOUTH CAROLINA DEPARTMENT OF
ALCOHOL AND OTHER DRUG ABUSE SERVICES
(DAODAS)**

**ACCOUNTABILITY
REPORT**

FISCAL YEAR 2003-2004

Section One

Executive Summary (NUMBER FIGURES CORRECTLY)

Introduction

The use of alcohol, tobacco and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. As a result, the social cost to South Carolinians in direct and indirect costs is approximately \$2.5 billion per year.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention and treatment services through a community-based system of care. Although DAODAS subcontracts with 33 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state, the department also provides direct services for incarcerated youth, coordinates services for incarcerated youth when they are released back into the community, and coordinates direct services for the population of recovering healthcare professionals. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 1.25 million South Carolinians and touched the lives of additional individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 235,884 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families find the help they need through the vital services purchased by DAODAS and through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network). During fiscal year 2004 (FY04), DAODAS and its provider network met this need for 48,474 South Carolinians.

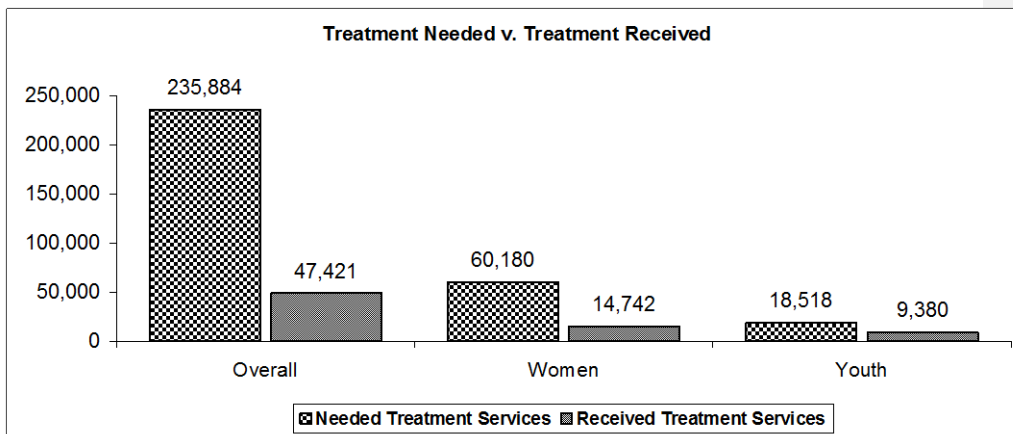


Figure 1. (Source: DAODAS Division of Programs and Services, Office of Management Information and Research; FY04 Unique Unduplicated Clients, DCSL Based, Special Demographics – Numbers based on definitions as included in the Diagnostic and Statistical Manual of Mental Disorders [(DSM-IV-TR)].

Mission and Values

The DAODAS mission statement focuses on the citizen-client.

~~“To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions in order to raise personal income of South Carolinians by creating a better economic environment through operating state government more efficiently and effectively, improving quality of life, and helping to improve the state’s educational system.”~~

“To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions, and to support the Governor’s efforts to raise personal income of South Carolinians by: 1) creating a better environment for economic growth through the more efficient delivery of state government services; 2) improving quality of life; and 3) helping to improve our state’s educational efforts for our children.”

At the heart of this statement are the agency’s core values of respect, integrity and dedication. The department adheres to guiding principles that outline how the agency and its employees conduct business. Among others, these principles include:

- the belief that addiction is a preventable and treatable disease and that DAODAS must provide statewide leadership on all substance use and addiction issues;
- the citizen-client is the priority;
- DAODAS will work collaboratively with both the public and private ~~system of providers of substance abuse providers services~~; and
- DAODAS will collaborate more effectively with other state agencies to achieve positive outcomes for common citizen-clients.

Key Strategic Goals

The overall strategic goal for DAODAS states that:

~~“Clients in treatment will achieve sustainable recovery; and client attitudes and behaviors will change, leading them to refrain from use (abstinence), refrain from abuse and reduce harm.”~~

DAODAS will achieve the following strategic goals:

- 1) ~~Improve~~ improve the effectiveness of treatment and intervention programs;
- 2) ~~Improve-improve~~ the effectiveness of prevention programs;
- 3) ~~Improve-improve~~ the efficiency of the service-delivery system;
- 4) ~~Ensure-ensure~~ that all clients and the citizenry are stimulated and engaged;
- 5) ~~Collaborate-collaborate~~ more effectively with service providers and stakeholders; and
- 6) ~~Provide-provide~~ the necessary resources to improve the agency’s capacity to provide efficient and effective services.

Opportunities and Barriers

~~The department addressed Several-several opportunities that arose during FY04 that the department addressed, in conjunction with~~ in addition to managing state budget cuts. ~~In-During~~ 2002, DAODAS was named a lead agency ~~in-for implementing the implementation of~~ gambling

addiction services funded by unclaimed prize money from the South Carolina Education Lottery. In addition, a proviso first enacted in 2003 and continued for 2004 and 2005 ~~further~~ directs the department, through its local provider network, to provide information, education and referral services to persons experiencing gambling addictions. The South Carolina Budget & Control Board (B&CB) awarded two competitive grants in December 2003 utilizing this unclaimed prize money. The first grant was to support the treatment of pathological gamblers, and the second was intended to create a toll-free gambling “helpline.” The total amount for both grants was \$1 million for one year, beginning in January 2004, with options for renewal through 2008. As of June 30, 2004, treatment and referral services were being provided and the gambling helpline was in full operation.

Another opportunity arose when the department undertook a comprehensive “ranking-and-rating” process of its programmatic activities and ~~those of the local provider community~~ county authorities. Through this process, ~~The department~~ DAODAS was able to ~~determine that~~ identify several programs ~~that~~ were no longer meeting expectations. These programs were either suspended for study, or stopped altogether, thereby allowing the ~~agency~~ department to redirect savings to more effective and efficient programs. The rating of the ~~provider community~~ local providers, which took political courage, allowed the department DAODAS to identify providers that were not meeting ~~the department’s~~ expectations of the agency in a number of areas. Corrective action plans were developed and implemented for those who were performing “below expectations.” The result has been an increase in accountability for all providers, even those performing “above expectations.” ~~Additionally,~~ In addition, ~~it the~~ “ranking-and-rating” activity has prepared the agency DAODAS for the FY05/06 fiscal year 2006 budget process undertaken as one of the “Priorities of Government” Government implemented by Governor Mark Sanford.

The department, in partnership with the local provider network and other state agencies, continues to achieve its overarching goal of delivering prevention, intervention and treatment services to the citizen-client. To accomplish sustainable recovery for the citizen-client, the agency DAODAS works to identify and ~~tap~~ access alternative funding sources to meet its mission of providing quality services to prevent or reduce the negative consequences of substance abuse and addiction. ~~Recently,~~ This includes ~~d recently~~ reapplying for a \$3 million grant to address co-occurring disorders through the Center for Substance Abuse Treatment and ~~also over more than~~ \$13 million to address prevention, intervention and treatment services. The department has also worked to better manage stable funding streams and has increased Medicaid billing for the sixth consecutive year, thereby increasing access to services for the citizen-client. The following two charts reflect the increases in Medicaid revenues and ~~the~~ number of Medicaid clients.

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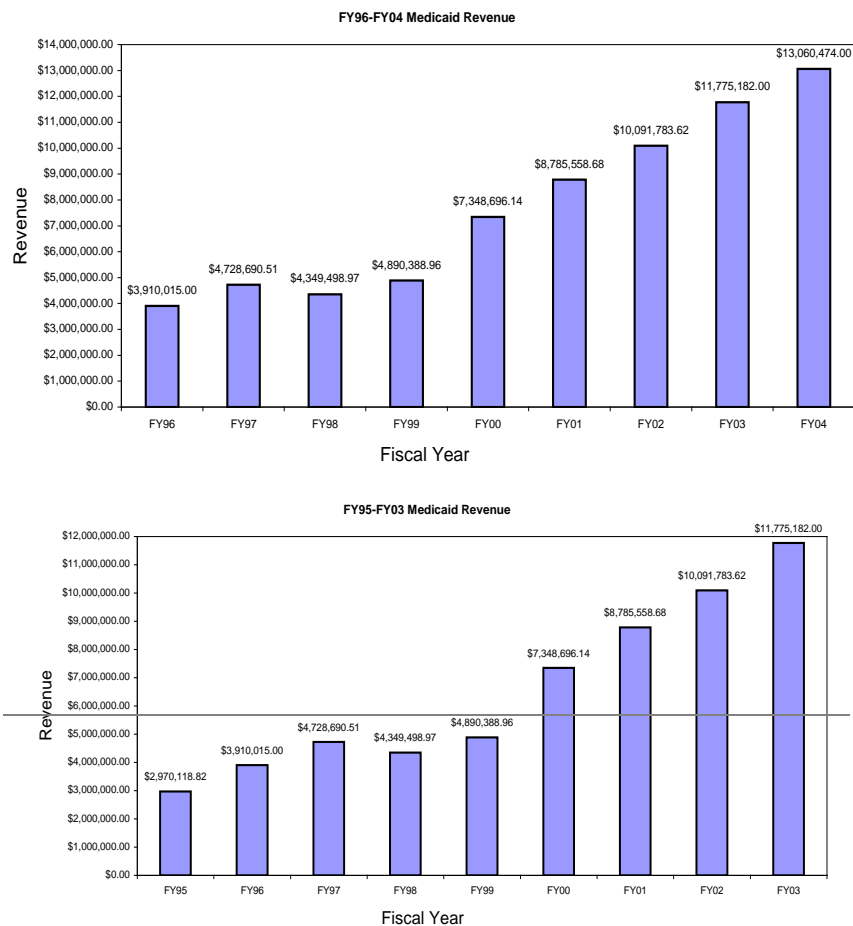


Figure 2 (Source: DAODAS Division of Finance and Personnel / South Carolina Department of Health and Human Services Report; ~~FY95~~FY96-04; Total Medicaid Billing.) (~~FRED AND EMMETT~~)

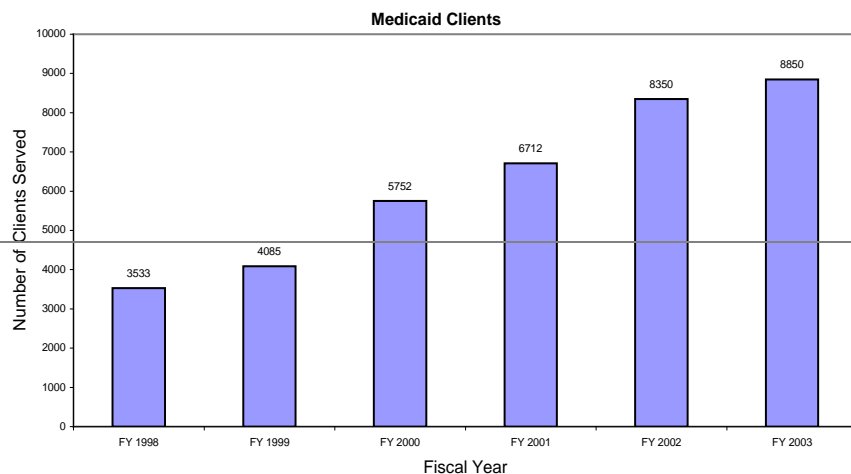
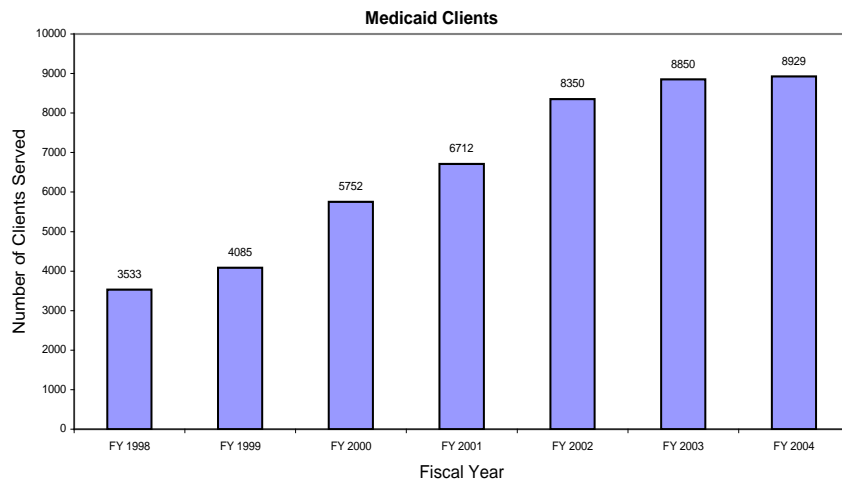


Figure 3 (Source: DAODAS Division of Provider Support, *Office of Utilization Review Section* / South Carolina Department of Health and Human Services Report; FY98-04; Unique Unduplicated Clients.)

Budget Cuts. Specifically, DAODAS ended ~~FY03~~ fiscal year 2003 having suffered a combined 37.22-22% percent cut in state funding cut (May 2001 – June 2003), for a total of \$4.3 million. For FY04, the agency received a 13.97% percent cut, which included the 1% percent withholding implemented in August 2003. The total \$5.59 million reduction brought the agency's total state funding to \$7.9 million, which represented the lowest level of state appropriations received by the department DAODAS since the decade of the 1990s, as agency funding was static throughout most of that period. For ~~fiscal year 2005 (FY05)~~ FY05, the agency

suffered an additional 25% percent state budget cut, which totals totaling \$1.9 million. However, the agency did receive other funds from the South Carolina Education Lottery (\$1 million) and the Department of Revenue tax collections (\$585,874), which nets an overall reduction of 5% percent or \$377,883 overall reduction. Since May of 2001, the agency department has seen reductions of 55.19% from its base budget totaling \$5,960,737.

The department DAODAS and its providers county authorities have received the largest proportional state funding cuts of any state agency/system. The Institute for Research, Education and Training in Addictions has reported that for every dollar invested in addictions treatment, the taxpayer saves at least \$7.46 in costs to society. Therefore, conservatively, South Carolina could have saved approximately \$44 million in costs to society -- including the costs of of incarceration, drug-related crime, hospitalizations and other societal ills -- if these cuts had not been taken experienced by the department and its providers.

In spite of these severe reductions, the agency DAODAS remains mission-focused as it attempts to maintain existing services while partnering to develop new strategies to provide services and to include an emphasis on management, accountability and performance. To manage state funding reductions and to plan for potential future cuts, DAODAS continues to focus on efficiency and effectiveness. The department has again restructured its organization and maintains an 18.7% percent vacancy rate, thus spreading required duties among existing staff. The agency The agency has also reduced the number of miscellaneous grants awards it awards. In addition, the department DAODAS has reduced out-of-state travel, reduced telephone and cell phone costs, and reduced and vehicles costs expenses, and continues to hold most training events in Columbia, for a total savings of \$49,961 in fiscal year 2004 FY04. Additionally, since Since the size of the DAODAS staff at DAODAS has been reduced, the agency was able to change its leasing arrangement and thus decrease the fixed cost of rent for a savings of \$27,786 -- another cost the department seeks plans to impact in during FY05. Savings have been redirected to programming in the field.

In addition, the federal SAPT Substance Abuse Prevention and Treatment (SAPT) Block Grant received by the state of South Carolina to fund the bulk of prevention, intervention and treatment services to the citizens of the state requires that the department, and thus the state, South Carolina to meet an obligation known as the Federal federal Maintenance of Effort (MOE) requirements. This means that the department DAODAS must expend state funds in an aggregate amount that is not less than the average expenditures of the previous two fiscal years. State budget cuts have severely and adversely impacted the department's ability to meet the MOE requirement. Federal law allows the state to apply to the Secretary of the United States Department of Health and Human Services for a waiver of the MOE requirement, if the state can prove "extraordinary economic conditions" conditions that include certain conditions (e.g., increase in unemployment rates, reduced and collection of tax revenue). The department DAODAS submitted documentation of these such "extraordinary circumstances" and was granted a waiver for its fiscal year 2003 (FY03) block grant SAPT Block Grant application. For the FY04 block grant application, the department anticipates an additional shortfall in meeting its MOE obligation. Penalties can include a dollar-for-dollar payback for of the amount for which the state is out of compliance.

There is still much work to be done in meeting the needs of the citizen-client. This includes continued management of the budget cuts taken since May 2001, and potential future budget reductions. The department must continue to identify and ~~tap~~ access stable funding streams (e.g., Medicaid) and continue to collaborate with the local provider network and ~~partner~~ state agencies – all of which have suffered concomitant budget reductions, which impact not only those agencies, but also the shared citizen-clients served. DAODAS will continue to focus on maintaining services at current levels for all citizen-clients. These realities will be the basis for the agency's FY04-05 budget request.

Major Achievements

To meet the continuing demand for ~~AOD~~ substance abuse services, DAODAS took a proactive approach ~~in to~~ serving the citizen-client during ~~state~~ FY04 and, in the face of severe state budget cuts (54 ~~percent~~%, or \$5.9 million), DAODAS continued to achieve many of the agency's strategic goals and its overarching goal of achieving sustainable recovery for the citizen-client, while reducing use, abuse and harm.

- Cost Efficiencies/Effectiveness. *Achievement:* **During FY04, DAODAS spent \$28,447,804 on intervention and treatment services, thereby saving the citizens of South Carolina approximately \$212 million in associated costs.** *Action:* DAODAS continues to provide treatment to the citizens of South Carolina. According to the Institute for Research, Education and Training in Addictions, for every dollar invested in addictions treatment, taxpayers save at least \$7.46 in costs to society, including the costs of incarceration, drug-related crime, hospitalizations and other societal ills.
- Investment/Return. *Achievement:* **Investments in South Carolina communities of \$6.2 million in state funds reap returns in additional federal, state, local and other funding (\$61.6 million) ~~that, which~~ directly impacts the quality of life, personal income and economic development of these communities.** *Action:* DAODAS invests state funds to effect change at the local level.
- Rankings. *Achievement:* **DAODAS developed and implemented improvement plans for local providers who failed to meet expectations. In addition, reassessment of internal agency programs ~~or~~ and services that did not meet expectations is ongoing, as DAODAS examines them for possible refinement or deletion.** *Action:* The agency completed a "ranking and rating" of local providers and a review of internal programs and services offered by DAODAS. These efforts are ongoing.
- Outcomes/Quality of Life/Economic Development. *Achievement:* **Specifically, 81.572% of surveyed clients report no alcohol use from admission to 60 days following discharge from services, an increase of 43.836.9%; 95.23.1% of surveyed clients report no use of alcohol to the point of intoxication from admission to 60 days following discharge, an increase of 321.41%; 87.76% of clients surveyed report that they are gainfully employed from admission to 60 days following discharge, an increase of 4.33.7%; and 91.794.2% of students surveyed report a reduction in suspensions, expulsions or detention from admission to 60 days following discharge, an increase of 11.94.5%. These statistics show that treatment works and that a**

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positive impact is being made on the quality of life of South Carolina communities, increasing personal income and impacting the economic capacity of residents.

Action: DAODAS, in conjunction with the county alcohol and drug abuse authorities, continues to focus on outcomes. Through the Government Performance and Results Act (GPRA), federal law requires that certain outcomes be tracked and reported. During FY04, clients receiving services at the local level “got better,” reducing their ~~AOD~~ alcohol and other drug use, going back to work and staying in school. These are the key measures of mission accomplishment and partner performance.

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- Efficiency Measures. *Achievement:* **During FY04, 820% of all clients received an assessment within two days of first contact with a local service provider.** *Action:* DAODAS insists on accountability, requiring local providers to meet certain efficiency measures that enhance access to treatment, client retention and, as a result, sustainable recovery.
- Collaboration. *Achievement:* **For the sixth year in a row, the county alcohol and drug abuse authorities have increased the number of clients served and the amount of Medicaid billings.** *Action:* DAODAS operates a Medicaid utilization review (UR) ~~office~~section, which ensures that Medicaid clients receive care that is appropriate to their individual needs and promotes the efficient and effective utilization of service capacity. The goal of UR is to decrease the number of clients accessing hospital services. *Achievement:* DAODAS, ~~DMH~~the Department of Mental Health (DMH), county alcohol and drug abuse authorities, local mental health providers and local hospitals continue to develop plans on how best to provide treatment to ~~persons~~people with co-occurring disorders and those who visit ~~the~~emergency rooms in crisis. DAODAS identified federal resources to fund co-occurring and crisis-intervention services and awarded these grants during the 2004 calendar year. *Action:* DAODAS continues to work with ~~the South Carolina Department of Mental Health~~DMH to study the issues of clients who suffer from substance abuse and mental health problems, with the end goal of increasing communication, sharing resources and implementing innovative practices. *Achievement:* ~~Lastly,~~ DAODAS and the Department of Probation, Pardon and Parole Services finalized a new substance abuse curriculum (New Opportunities Via Awareness —[NOVA]) to be offered to probation and parole clients should they need such services. This program will be implemented during FY05.
- Federal Mandates. *Achievement:* **DAODAS continues to be successful in satisfying federal mandates. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 11.7% in 2004. This is lower well below the federal requirement of 20%.** *Action:* DAODAS and its local partners participated in the federally required *Youth Access to Tobacco Study* to measure reductions in South Carolina’s rate of youth access. This annual study involves random, unannounced inspections of a statewide sampling of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors.

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Improving Organizational Performance

The department again sees the ~~accountability~~ Accountability report-Report as a means to an end; – that of improving management, accountability and performance as envisioned by Governor Sanford – and utilizes the report, along with the agency's strategic plan, to provide a structure and direction for its activities during the fiscal year. Finally, the report is of great assistance in keeping the department on message and ~~in~~-working closely with its sister state agencies and indeed, all customers.

Section Two Business Overview

Number of Employees

As of July 1, 2004, the department ~~employed~~ maintained 64.5 ~~individuals~~ positions, with 41 full-time equivalent positions and 23.5 temporary grant equivalent (TGE) positions. However, ~~7~~ seven TGE positions were eliminated due to the loss of ~~the~~ a contract with the Department of Juvenile Justice ~~contract~~ effective July 26, 2004.

Location/Operations

DAODAS is located at 101 Business Park Boulevard, Columbia, South Carolina 29203. The department operates on a 37.5-hour workweek with routine hours from 8:30 a.m. to 5:00 p.m., Monday through Friday. However, the workweek of certain staff members may vary to meet the needs and service-delivery requirements of the department. Flexible work schedules are allowed.

Expenditures/Appropriations

| | 02-03 <u>FY03</u> | | FY04 <u>03-04</u> | | 04-05 <u>FY05</u> | |
|---|------------------------------|----------------------|-------------------------------------|----------------------|------------------------------|----------------------|
| | <u>-Actual Expenditures</u> | | <u>-Actual Expenditures</u> | | <u>Appropriations Act</u> | |
| Major Budget Categories | Total Funds | General Funds | Total Funds | General Funds | Total Funds | General Funds |
| Personal Service | \$3,847,702 | \$1,609,440 | \$3, 304 <u>403</u> ,231 | \$1,072,783 | \$2,325,959 | \$500,000 |
| Other Operating | \$1,362,977 | \$365,714 | \$1,142,482 | \$297,319 | \$2,267,776 | \$91,577 |
| Special Items | \$4,405,022 | \$4,405,022 | \$3,837,879 | \$3,837,879 | \$2,920,342 | \$2,920,342 |
| Permanent Improve-ments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Case Services | \$1,600 | \$0 | \$869 | \$0 | \$0 | \$0 |
| Distributions to Subdivisions | \$30,392,426 | \$3,122,139 | \$28,116,893 | \$3,160,868 | \$29,266,462 | \$2,475,017 |
| Fringe Benefits | \$1,153,586 | \$512,339 | \$814,200 | \$285,173 | \$462,178 | \$0 |
| Non-recurring <u>Recurring</u> | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total | \$41,163,313 | \$10,014,654 | \$36,946,554 | \$8,654,022 | \$37,242,717 | \$5,986,936 |

Other Expenditures

| Sources of Funds | FY02 <u>FY03</u> Actual Expenditures | FY03 <u>FY04</u> Actual Expenditures |
|-------------------------|--|--|
| Supplemental Bills | \$0 | \$0 |
| Capital Reserve Funds | \$0 | \$0 |
| Bonds | \$0 | \$0 |

Figure 4 (Source: DAODAS Division of Finance and Personnel / Comptroller General's Year End Report; FY04)
 Customer Segments - Within Figure 4, the "Distribution to Subdivisions" includes all funding provided to the department's customer segments, the majority of which is provided to the ~~local provider~~
~~network~~county authorities.

Major Program Areas Chart

| Program Number and Title | Major Program Area Purpose (Brief) | FY 02-03 Budget Expenditures | FY 03-04 Budget Expenditures | Key Cross References for Financial Results* |
|---|--|---|--|--|
| I. Chemical Dependency Service Accountability | Improvement in the effectiveness of prevention, intervention and treatment programs to ensure positive outcomes for AOD abuse clients. Sustainable Recovery is the overarching expected result. | State: 824,438 Federal: 752,685 Other: 1,649,217 Total: 3,226,340 % of Total Budget: 7.8% | State: 550,943 Federal: 577,010 Other: 334,404 Total: 1,462,357 % of Total Budget: 3.96% | 7.2.b 7.2.d - - |
| II. Chemical Dependency Community-Based Prevention Services | Use of evidence-based approaches to prevent or reduce the misuse, use and abuse of alcohol, tobacco and other drugs. | State: 243,685 Federal: 7,794,935 Other: 386,990 Total: 8,425,610 % of Total Budget: 20.5% | State: 164,024 Federal: 8,285,672 Other: 0 Total: 8,449,696 % of Total Budget: 22.9% | 7.2.c 7.5.b - - |
| III. Chemical Dependency Community-Based Intervention Services | Reduction in risk of using alcohol and other drugs. Reduction in DUI Risk. Change in client attitudes and behaviors that lead them to refrain from use, refrain from abuse and reduce harm. Sustainable Recovery is the overarching expected result. | State: 851,614 Federal: 1,072,396 Other: 239,296 Total: 2,163,306 % of Total Budget: 5.3% | State: 786,648 Federal: 1,180,723 Other: - Total: 1,967,371 % of Total Budget: 5.3% | 7.2.a - - - |
| IV. Chemical Dependency Community-Based Treatment Services | Sustainable Recovery. Reduce use, reduce abuse and reduce harm. Specific client outcome measures address reduction in use and abuse of alcohol and other drugs, unemployment, homelessness, use of emergency room care, arrest rates, and school disciplinary problems. | State: 6,852,050 Federal: 16,791,569 Other: 87,280 Total: 23,730,899 % of Total Budget: 57.7% | State: 6,346,994 Federal: 14,493,328 Other: 897,212 Total: 21,737,534 % of Total Budget: 58.8% | 7.2.a - - - |
| V. Direct Chemical Dependency Services | Sustainable Recovery is the overarching expected result in two programs. The Bridge is recognized nationally as an effective program in the areas of abstinence, recidivism, reincarceration, educational achievement and life skills. The Recovering Professional Program has also been effective in increasing the number of clients who return to their profession. | State: 344,711 Federal: 1,017,365 Other: 776,070 Total: 2,138,146 % of Total Budget: 5.2% | State: 263,008 Federal: 963,753 Other: 1,002,952 Total: 2,229,713 % of Total Budget: 6% | 7.2.a - - - |
| Below: List any programs not included above and show the remainder of expenditures by source of funds. VI. Gambling Services. The expected result includes a reduction in the number and intensity of pathological gambling behaviors and the often disastrous consequences: an increase in the identification and referral of problem gamblers through the 24/7 helpline and increased awareness throughout the state of problems related to gambling. VII. Alcohol and Drug Abuse Administration. This function provides executive leadership; develops and implements short- and long-term directions, performance expectations and organizational values; supports policy development, review and implementation; and oversees financial services, procurement, personnel services and communication. | | | | |

| | | | | |
|----------------------------|--------------------|----|--------------------|---------|
| Remainder of Expenditures: | State: | 0 | State: | 6,632 |
| | Federal: | 0 | Federal: | 3,937 |
| | Other: | 0 | Other: | 174,653 |
| | Total: | 0 | Total: | 185,222 |
| | % of Total Budget: | 0% | % of Total Budget: | 0.5% |

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Source: CG 424 FY03 and FY04 FM13

FY02-03 Total Expenditure Budget = \$41,163,313; administrative total \$1,479,011

FY03-04 Total Expenditure Budget = \$36,946,554; administrative total \$914,660

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Figure 5 (Source: DAODAS Division of ~~Finance and Personnel~~ Quality Enhancement, Office of Human Resources Planning Section)

Key Customer Segments — Stakeholders / Products and Services

DAODAS has identified its customers as including citizen-clients, their family members, the local provider network, state agencies with common citizen-clients, state and federal officials, and the South Carolina citizenry-at-large. The ~~agency-department~~ recognizes that its own employees are also important customers and are integral to the success of the department.

In terms of customer segments, citizen-clients are stratified into the following populations: women; children and adolescents; incarcerated/paroled individuals; juvenile justice detainees/parolees; and Alcohol and Drug Safety Action Program (ADSAP) clients (individuals charged with or convicted under the state's laws related to boating or driving ~~or boating~~ under the influence [DUI]). ~~Additionally~~ In addition, customers include individuals with limited English proficiency (LEP) – mainly Hispanics – and the faith community. A majority of the customer segments are either federally mandated or are identified as in need of services, are underserved, or are a part of a key business process. A new customer segment resulted from the aforementioned collaboration with DMH, that of the co-occurring client. The agency considers both the citizen-client and the local provider network to be its most important customers. Both are the direct beneficiaries of the scope of service provision and are key suppliers. For the purposes of this report, the department does not identify stakeholders differently than customers, but realizes that stakeholders, as defined, may not be the “recipient or beneficiary of the outputs of work efforts or purchaser of products and services,” but may be players in the outputs provided (state agencies, state and federal officials, department employees).

Three major products are offered by the department. ~~This includes~~ These include prevention services, which is the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of ~~ATOD~~ alcohol, tobacco and other drug-related problems. Services are implemented in communities and schools throughout South Carolina. (Key Customers — citizen-clients, their family members, stratified into the following populations: women; children and adolescents; and adults – community coalitions).

Intervention services work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco and other drugs. ~~The Alcohol and Drug Safety Action Program (ADSAP), the state's DUI offender program, is the most recognizable intervention program. (Key Customers — incarcerated/paroled individuals; juvenile justice detainees/parolees; and Alcohol and Drug Safety Action Program [ADSAP] clients) [individuals charged with or convicted under the state's laws related to driving or boating under the influence].~~

Treatment services are designed to improve the lives of individuals and families affected by substance abuse through the provision of individualized care to reduce the health and human service costs, as well as the economic cost, to our communities and state. Specific ~~AOD~~

substance abuse services range from outpatient treatment, which is available in every county, to specialized treatment services, such as detoxification, adolescent inpatient treatment and/or other residential services. Specialized services are available on a county, regional and/or statewide basis. These include specialized services for women and children that are provided through five long-term residential treatment programs and one long-term transitional housing program; services to adolescents; and services to incarcerated and paroled individuals. (Key Customers — all identified customers above who are in need of any level of treatment) (Note: This list is not inclusive of all the innovative programs offered.)

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Key Suppliers

In keeping with the definition of “supplier,” as included in the *“Performance Excellence Glossary of Terms,”*²² DAODAS has identified its suppliers to include citizen-clients, the local provider network, state agencies with common citizen-clients, state officials (legislative, constitutional, agency), the citizen-clients’ family members, federal officials, and the South Carolina citizenry-at-large. This also includes any newly identified customers and DAODAS employees.

Organizational Chart

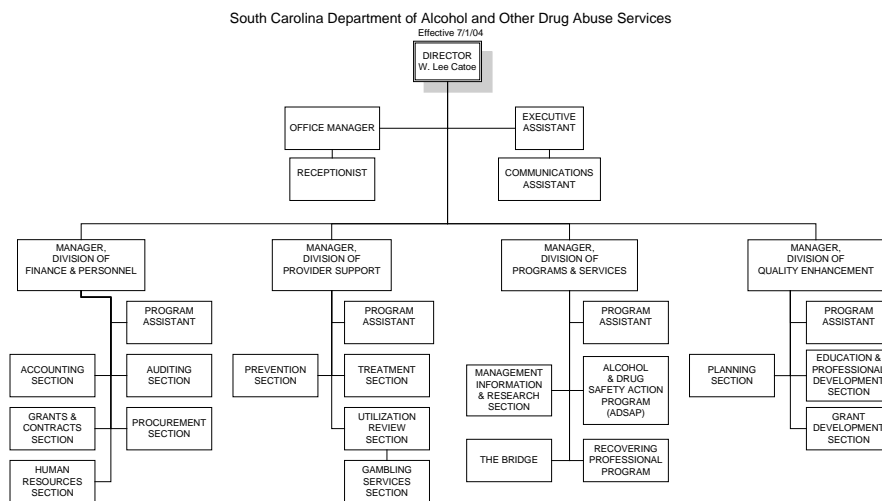


Figure 5-6 (Source: DAODAS Division of Finance and Personnel, *Office of Human Resources Section*.)

Section Three

Malcolm Baldrige National Award Criteria

Leadership

1.1. How do senior leaders set, deploy and communicate the short- and long-term direction, performance expectations, and organizational values, empowerment and innovation, organizational and employee learning, and ethical behavior?

The department's Executive Management Team (EMT) has set long-term goals through the agency strategic planning process and the county planning process (as required by state law [§61-12-10]). The mission, core values, guiding principles and overarching goals were determined with participation from the agency's external customers and internal staff. Long-term goals are deployed and communicated through any number of channels, to include the county planning process, the formal committee structure of the local provider network, regional and statewide provider meetings, partnership meetings with various state agencies, legislative presentations, the agency's Web site, ~~agency newsletters and other various~~ publications. These outlets also offer the opportunity for feedback and refinement. Internally, the long-term goals have been deployed and communicated through full-staff meetings and sectional and divisional meetings. Strategic planning is also used to set direction, performance expectations and organizational values.

Short-term goals are identified, deployed and communicated through an EMT process that includes weekly meetings to address routine agency challenges and many of the aforementioned channels. Organizational values have been set, deployed and communicated ~~similarly in a similar~~ manner.

In addition, performance expectations are identified, deployed and communicated through the county planning process, technical assistance requests, independent peer reviews, coordinated county reviews (CCRs), internal Medicaid audits and the contractual/grant program process. Again, all of the aforementioned channels have been utilized to communicate performance expectations as well as to ensure accountability. DAODAS tracks individual provider performance through the use of contract objectives and the GPRA. Additionally, these are reviewed on a quarterly basis by the department's Quality Management Team and during the annual CCR process.

Senior leaders have set three core values for agency employees: ~~these include~~ respect, integrity and dedication. The department has also defined guiding principles that outline how the agency and its employees conduct business, to include being mission focused, professional, proactive, culturally competent, team workers and effective communicators. The agency holds its employees to the highest standards of ethical behavior, and this is communicated regularly through full-staff meetings.

Empowerment and innovation are encouraged through monthly-regular staff meetings supported by the agency's EMT, ~~as well as a monthly newsletter designed to keep staff informed of human resource and benefits information~~, intra-agency events, employee recognition, and motivational

and educational information. The agency also offers job-retention services through the South Carolina Vocational Rehabilitation Department (~~SCVRD~~-(SCVRD)). Services provided include counseling, medical or psychological evaluation and/or treatment, job-site evaluation and modification, and referrals to other service providers.

1.2. How do senior leaders establish and promote a focus on customers and other stakeholders?

Senior leaders encourage a number of processes to focus on the agency's customers. The citizen-client and the local provider network are the most important customers, and as such, the agency works to better understand their requirements through intensive contact. The local provider network maintains a structure of standing and ad-hoc committees, including an executive board, a services committee, a finance and accountability committee, and a public policy committee. Senior leaders, along with designated agency staff, are members of the above committees, which offer the opportunity for exchange of information and for identifying and addressing customer requirements that also assist in setting the overall agency organizational direction. Furthermore, statewide meetings are held monthly for all providers, in addition to meetings held within the five designated regions. Senior leaders and designated staff also participate in these meetings. Ad-hoc committees include those that focus on specific administrative and program areas, and include a Financial Quarterly Meeting, Prevention Quarterly Meeting, Treatment Quarterly Meeting and a quarterly meeting for ADSAP service providers. The agendas of these meetings often address customer needs, both short and long term, as well as offer an opportunity for DAODAS to reinforce its commitment to accountability and to implement measures of performance.

~~Additionally~~In addition, the statewide county strategic_planning process continues to facilitate input from across the state in terms of the design of the state and local strategic_planning processes, which further enables DAODAS to identify customer requirements in terms of priorities, including funding needs, facility needs, and program and service needs.

The agency uses the CCR process to further emphasize quality improvement. Each year, a team of interdepartmental staff provides oversight and technical assistance to the local provider network through an onsite visit. ~~The department~~DAODAS asks for feedback from its providers on the process and the content of the CCR and its continued usefulness. This feedback has assisted the ~~agency department~~ in making the process and content review more salient by focusing on the provision of additional technical assistance and training onsite, and addressing other needs as identified.

Finally, DAODAS has access to a wealth of data that focuses on client outcomes and efficiency measures that assist a client in gaining access to treatment. DAODAS interprets and analyzes the data and then offers assistance to providers in determining problematic areas and suggestions for resolving these issues. This is a clear focus on the citizen-client and underscores contractual performance expectations.

1.3. How do senior leaders maintain fiscal, legal and regulatory accountability?

The department has established and adopted policies, procedures and practices upon which its oversight systems and processes are based, in concert with federal and state mandates. This ensures compliance with fiscal, legal and regulatory accountability issues as directed by the federal and state laws, counselor and prevention professional certification regulations, accreditation standards, clinical and diagnostic standards, quality assurance standards, state licensure regulations, audit standards, and memoranda of agreement with partner agencies.

1.4. What key performance measures do senior leaders regularly review?

Senior leaders review performance data that detail how the citizen-client is recovering in his/her addiction. DAODAS tracks statewide client outcome measures (as required by the GPRA) for intervention and treatment programs and is developing similar outcome measures for prevention programs. These measures include abstinence/frequency of use, health status, educational/employment advances, criminal justice status, aftercare participation and client satisfaction. In addition, senior leaders track and review efficiency objectives, or “benchmarks,” designed to enhance client engagement and retention, to improve timely access to care and to engage clients in the continuum of care.

Senior leaders also track and review how the local provider network is performing in terms of providing services to the citizen-client. This is accomplished primarily through the aforementioned CCR process. A review is completed on each provider on using the various indicators (strategic/-management/treatment/prevention/financial compliance) that detail areas in need of improvement, as well as denoting satisfactory performance. The department also utilizes this process to identify best practices (benchmarks) for possible replication throughout the state. In addition, information is gathered and analyzed from this process that assists the department DAODAS in planning for future needs and identifying programmatic or financial issues that may need to be addressed on a local, regional or statewide basis. A feedback survey completed by the local provider further provides further insight into the requirements of the customer, as well as the efficacy of continuing the process. This is reviewed on an annual basis. Plans for In FY05, department staff will be to begin reviewing this data on a quarterly basis to more efficiently identify needs and to take corrective action as needed.

Senior leaders also review a range of additional information, which may result from peer audits, including national accreditation standards (CARF: The Rehabilitation Accreditation Commission), state licensure reviews (South Carolina Department of Health and Environmental Control [DHEC]), and Medicaid audits (DHHS South Carolina Department of Health and Human Services [DHHS]). Senior leaders also review the annual financial audits as required by the federal government and provided to DAODAS by the local provider network.

In addition, senior leaders review monthly data that include information on the financial aspects of individual grants and contracts, as well as information on certain deliverables required as part of the contractual process. This information provides senior leaders with a snapshot of accountability and helps identify needed changes in the contractual process.

Finally, and during FY04, the department DAODAS was tasked during FY04 by Governor Mark Sanford to implement specific objectives for the department and for alcohol and other drug abuse

clients. These were to: a) reduce ~~their clients'~~ involvement with the criminal justice system; b) increase employment or involvement in productive activities; c) reduce hospital emergency room admissions; d) reduce the five-year detoxification recidivism rate; ~~and e)~~ reduce homelessness; and f) decrease tobacco sales to underage youth while also addressing several internal goals. As of July 1, 2004, the agency had achieved 99.4% ~~percent~~ of the objectives.

Each of the aforementioned key measures assists in the organizational planning process and is integral to statewide strategic planning.

1.5. How do senior leaders use organizational performance review findings and employee feedback to improve their own effectiveness and the effectiveness of management throughout the organization?

Key ~~in among its activities in~~ FY04, the department distributed a performance-evaluation survey to local providers to evaluate DAODAS in several areas, including knowledge and expertise of staff and consistency of communications. The department gained insight from the survey and has set management directives to address identified concerns, ~~to include~~ including additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines, protocols for refined communication with the providers, locating a better prevention-outcome data system, and providing additional access to its ~~utilization review~~ UR staff.

The department ~~s~~ will continue to address survey concerns in FY05 and ~~additionally~~ will define its key internal measures of performance, to track that performance and make adjustments when necessary, and to act as indicated by the data.

1.6. How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?

~~The department~~ DAODAS requires its local provider network to be nationally accredited through CARF and licensed by DHEC. These two entities, through their peer reviews, are the chief mechanisms for assessing the risk of the department's provision of ~~AOD-substance abuse~~ services to the public. Both entities seek to ensure that quality services are provided, as well as that facilities and operations are of high quality. The health and safety of the client is preeminent. DAODAS further publishes Quality Assurance Standards to complement both CARF standards and DHEC surveys and to provide a "sharper edge" on client quality-of-care issues and to define the level of quality expected of each provider. Senior leaders review provider performance on all of the above. ~~Additionally~~ In addition, the department has improved its communication with DHEC in terms of state-survey results and issues that arise as a result of surveys. This information is used by the department to advise its providers on compliance issues, thereby improving their performance.

Furthermore, ~~the department~~ DAODAS assesses risks through a statewide critical-incident policy, requests for technical assistance and the ~~county~~ County Assistance Plan process, which identifies indicator areas in need of improvement before they become entrenched in the organization. The audit processes, including the CCR, financial audit and program audits

(Medicaid), further allow senior leaders to assess the impact of the department's programs and services on the public.

Senior leaders also use a range of provider meetings, already noted, and the aforementioned outcome measures and efficiency benchmarks to continually assess the impact of services on the citizen-client. These indicators allow the agency to support positive impact and to replicate best practices throughout the state. Where there is negative impact, the agency is able to intervene and take corrective action on a case-by-case basis. This often results in the development of trainings on specific issues and cross-trainings with partner agencies.

1.7. How do senior leaders set and communicate key organizational priorities for improvement?

The process for the selection of organizational priorities stems from the strategic planning process. This process includes input from all stakeholders, including the agency's customer base. Senior leaders have set the citizen-client as the key organizational priority ~~as the citizen-client~~. Appropriate strategic goals have been set by agency staff to meet this priority. Furthermore, senior leaders have identified outcomes for all clients in achieving the agency's overarching goals. These have been communicated through the local provider network committee structure, through the county planning process, and through ~~newsletters and other~~ agency communication tools. Senior leaders have set a clear direction, clear values, and realistic goals and objectives to address the agency mission. All organizational priorities are identified and implemented to support the overarching goal.

The department's challenge for FY05 is to ~~additionally further~~ define its key internal priorities, to track that performance and make adjustments when necessary, and to act as data direct.

1.8. How does senior leadership and the agency actively support and strengthen the community?

| | | | | |
|------------|--------------------|----------------|--------------|------------------------|
| United Way | Good Health Appeal | Salvation Army | Easter Seals | Red Cross -Blood Drive |
|------------|--------------------|----------------|--------------|------------------------|

~~Table 1~~Figure 7 (Source: DAODAS ~~Division of Administration~~Office of the Director)

The department participates in various community endeavors and charities. Some of these include the Salvation Army (Christmas Bell-Ringers), Good Health Appeal, memberships through professional organizations, various United Way programs, Red Cross campaigns, Easter Seals (Buck-A-Cup) and many more. Employees are encouraged to participate in community endeavors with agency support.

The department works within the South Carolina community-at-large by designating an internal community liaison to engage the community in activities to prevent problems related to the use of alcohol, tobacco and other drugs, particularly among youth.

On a statewide basis, many of the agency's prevention programs are directed at improving life on the community level. These include efforts to reduce underage drinking and tobacco use, reduce violence, prevent infectious diseases, work with the faith community to establish support mechanisms for recovering persons, and work within the schools to instill protective factors that

keep children and youth from engaging in negative behaviors that make them at a higher risk for use of illegal substances.

Strategic Planning

2.1. (a-e). What is the strategic process, including key participants, and how does it account for customer needs and expectations, financial, regulatory, and societal and other potential risks, human resource capabilities and needs, operational capabilities and needs and partner needs?

The department DAODAS sees strategic planning as a continuous quality-improvement process that relies on input from stakeholders at various levels, including the local provider network, the citizen-client, community coalitions, the South Carolina General Assembly and other state agencies. This team concept has been instrumental in addressing customer and partner needs. Two additional processes, the CCR process and the county planning process, have fed the strategic planning process, in that the needs of the citizen-client and providers are continually identified and addressed, as well as gaps in services.

The strategic planning effort remains dynamic, achieving 93% its objectives. During FY04, the agency refined the strategic plan by updating the action plans and refining prevention-related sections, to include the incorporation of science-based goals and objectives, as defined by the Governor's Cooperative Agreement on for Prevention.

2.2 What are our key strategic objectives?

| Strategic Goal/Objectives | Implementation Success Rate |
|--|-----------------------------|
| STRATEGIC GOAL 1: To ensure services are of quality, improve the effectiveness of treatment and intervention programs. | |
| OBJECTIVE 1.1: Ensure that treatment programs' outcome results continue to improve statewide by monitoring program effectiveness through the Consolidated County Reviews; county authorities' outcome_evaluation results; and the current SAAMIS outcome indicator data. | 88% |
| OBJECTIVE 1.2: Refine and implement the statewide treatment_outcome evaluation system. | 100% |
| STRATEGIC GOAL 2: To ensure services are of quality, improve the effectiveness of prevention programs. | |
| OBJECTIVE 2.1: Develop and implement a statewide prevention_outcome evaluation system. | 100% |
| OBJECTIVE 2.2: To refocusRefocus the agency's prevention philosophy from host/educational-based theories to an emphasis on environmental primary prevention that utilizes host/educational components that are supportive of an environmental philosophy. | 100% |
| OBJECTIVE 2.3: To achieveAchieve a balance of the six CSAP prevention strategies of information, education, alternatives, problem identification and referral (managed by intervention programs), community-based process and environmental strategies to reduce alcohol, tobacco and other drug use. | 100% |
| OBJECTIVE 2.4: Fully integrate tobacco strategies into prevention programming and philosophy. | 100% |
| STRATEGIC GOAL 3: To ensure clients' ability to receive services is ever increasing, improve the efficiency of the service_delivery system. | |
| OBJECTIVE 3.1: Improve client engagement and retention. | 67% |
| OBJECTIVE 3.2: Implement the statewide outcome evaluation system, developed in conjunction with the local service providers, to assist in program development and accountability. | 100% |
| OBJECTIVE 3.3: Implement deliberative planning system to provide services in accordance with identified needs (with emphasis on women, children, adolescents, and families). | 100% |

| | |
|---|------------|
| STRATEGIC GOAL 4: To ensure clients/citizenry are stimulated/engaged. | |
| OBJECTIVE 4.1: Implement culturally competent services across the county authority system in partnership with other human service agencies. | 100% |
| OBJECTIVE 4.2: Facilitate the timely delivery of services to clients with Limited English Proficiency (LEP). | 83% |
| STRATEGIC GOAL 5: To collaborate more effectively with service providers and other stakeholders. | |
| OBJECTIVE 5.1: Foster the a special relationship with the county authorities. | 67% |
| OBJECTIVE 5.2: Collaborate more effectively by involving stakeholders in the decision-making process; strengthening partnerships with other agencies and service providers; and enhancing communication with community partners, mutual client agencies, internal staff, and State Legislature the General Assembly. | 100% |
| STRATEGIC GOAL 6: To provide the necessary resources to improve the agency's capacity to provide efficient and effective services. | |
| OBJECTIVE 6.1: Strengthen internal organizational capability by developing a professional development plan; providing the staff with professional growth opportunities; and implementing a performance-based employee evaluation system. | 100% |
| OBJECTIVE 6.2: Secure adequate and consistent funding by increasing state and federal funding and developing non-traditional sources of funding. | 67% |
| OBJECTIVE 6.3: In collaboration with the county authorities, develop a performance-based methodology that ensures the most effective use of available funds. | 100% |
| OBJECTIVE 6.4: Improve the communications and data-collection capabilities of the statewide alcohol and other drug abuse service delivery system by establishing an Intranet-Extranet data communications network and a common client database software platform for the county authorities. | 100% |
| OBJECTIVE 6.5: By June 30, 2004, the annual audit of the Department department will not result in the issuance of negative management letters. | 100% |
| OBJECTIVE 6.6: By June 30, 2004, hold the county authorities accountable for reaching the treatment and prevention outcome objectives. | 100% |
| Overall OVERALL SUCCESSFUL IMPLEMENTATION RATE | 93% |

Chart 2 Figure 8 (Source: DAODAS Division of Quality Enhancement, Office of Planning Section)

2.3. How does the agency develop and track action plans that address key strategic objectives?

The agency DAODAS continued to use a simplified, client-oriented strategic and operational planning/implementation approach. Based on the agency's department's mission and core values, and with the involvement of the entire staff, cascading and interlocking strategic goals were adopted—starting with effectiveness outcome goals, proceeding to efficiency outcome goals that are designed to support the outcomes, and ending with goals-goals that address the collaborative, personnel and fiscal resources that support the preceding effectiveness and efficiency goals. Each goal has one or more specific objectives, which in turn have detailed action plans.

Continued refinement and implementation of action plans occurred in FY04. Each strategic goal and objective includes an identified action, a defined timeline, itemized resources (where applicable), primary divisional responsibility, and an identified evaluation tool. Key staff were assigned, resources identified, outcome measures identified and corrections made, as needed.

~~The Division of Quality Enhancement~~

2.4 What are your key action plans/initiatives?

See [Strategic Planning Chart Figure 8](#).

2.5. How does the agency communicate and deploy its strategic objectives, action plans and performance measures?²⁻²

Strategic objectives, action plans and performance measures are deployed and communicated externally through any number of channels, to include the county planning process, the formal committee structure of the local provider network, regional and statewide provider meetings, partnership meetings with various state agencies, and the agency's Web site and ~~newsletters~~other informational outlets.

For FY05, the department will continue to link goals and objectives to customer requirements, and to benchmark strategies and assessments of organizational strengths and weaknesses.

2.6. Website Address for the Strategic Plan?

~~The agency~~DAODAS does not post its strategic plan on its ~~website~~Web site.

Customer Focus

3.1. How do you determine who your customers are, and what are the key requirements?

DAODAS has identified its customers as the citizen-client, their family members, the local provider network, state agencies with shared citizen-clients, state and federal officials, and the South Carolina citizenry-at-large.

It is important to note that in the delivery of healthcare services, certain populations are customers as a function of receiving federal block grant dollars or state funding. In addition, when accessing federal grants or private foundation funding, these funding sources often require new customers who are first-time "players" in the policy arena. And, in times of budget reductions, certain customers may be reprioritized.

During FY04, the strategic planning process continued to focus on better understanding customer requirements and identifying new customers. Key requirements have emerged from the inclusion of the provider network in the statewide strategic planning process and the local county planning process. Requirements also emerged as a product of participation in the provider network's standing and ad-hoc committee structure. These key requirements are dynamic and include a range of issues, from increased training and human resource development, to an administrative reduction in paperwork, increased technological needs, better communication and coordination between the department and the provider network, less duplication of effort, and the appointment of regional/provider points of contact.

DAODAS continued to segment the customers within the citizen-client community. Through the agency's former Division of Management Information and Research (MIR), underserved populations have been identified, to include children and youth, women, the dually diagnosed population, clients with limited English proficiency and citizens in the faith community. The customer cohorts have more complex needs and during FY05, the agency will continue to make

an effort to further identify certain characteristics, while designing prevention, intervention and treatment programs to address these needs.

In addition, the recovering community and the faith community have emerged as customers and important participants in the delivery of AOD services. These customers have emerged as a result of identifying best practices in order to better serve the citizen-client. In essence, it was a process of determining who was “not at the table.” During FY04, the agency continued to learn more about the faith community and its needs for participating in AOD service delivery. These needs include technical assistance in accessing grant dollars from federal and state agencies and technical assistance in planning, developing and implementing prevention programming. A plan has been developed to provide training in five areas to assist the faith community in meeting its objectives while working with the AOD service-delivery system across South Carolina.

Requirements:

3.2. *How does the agency keep listening-and-learning methods (communications) current with changing needs?*

3.3. *How does the agency use information from customers/stakeholders to improve services or programs?*

The statewide strategic planning process has incorporated a large number of avenues through which the provider network and other customers can provide input regarding the department’s direction. [These are listed under question 1.1.] This improves the department’s ability to serve as an effective leader in the substance abuse field, and it improves communication by gaining knowledge of those issues that are deemed to be critical to the provider network as a customer group. In addition, the annual CCR process has provided DAODAS with an invaluable opportunity to identify and address the concerns of the local provider network firsthand.

The provider network’s committee structure continues to be the main “listening-and-learning” method for keeping the department current with changing customer needs. This effort is based on working together, either through teams or through standing and ad-hoc committees, to address any needs/requirements that may arise. This effort ~~also can~~ also include ~~additional~~ stakeholders other than the provider network, as partner requirements sometimes involve bringing many actors to the table for discussion, review, decision-making and evaluation purposes.

~~The department~~ DAODAS has worked toward increasing communication during FY04, continuing to hold many forums to share best practices, disseminate national and state alcohol and drug abuse information, update the provider network on the direction of the department, and adjust the strategic goals and objectives that resulted from a difficult budget year. The department asks for feedback, not only during these meetings, but also through personal contacts with the agency director or any member of the EMT. During FY04, the agency ~~did~~ administered a provider survey to gain feedback on agency operations. ~~(See: th Qis is address in question 1.5.)~~

The department also handles and tracks complaints that may occur while implementing ADSAP. These complaints are analyzed and used as learning tools in the dissemination of information

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during quarterly meetings of ADSAP providers, ~~quarterly meetings and are they form the basis~~ of problem solving statewide.

~~Additionally~~ In addition, a more formalized customer-complaint process has been ~~institutionalized~~ instituted to better meet the needs of both the citizen-client and the provider ~~of~~ about whom the client may have complained. Real-time communication is utilized so that complaints can be resolved by all the parties involved.

DAODAS continues to work with its provider network as one of its chief customer groups. The agency has sought to better understand the providers' requirements by working within its committee structure and within the county planning process. As a result, the quality of care delivered by the provider network is addressed, along with significant opportunities to address customer needs around national accreditation, treatment outcomes, quality assurance standards and other contractual/financial concerns.

3.4. How does the agency measure customer/stakeholder satisfaction?

One measure utilized to determine customer satisfaction is a feedback survey forwarded to the provider network as part of the CCR report that each provider receives after the process is completed. The provider network is encouraged to rate DAODAS on its effectiveness during the review. The FY04 survey indicates that an estimated 95% percent of respondents feel the review process was beneficial to their ~~agency~~ agencies and met the needs of their staffs. In FY04, county feedback continued to reflect that reviews focusing on the provision of technical assistance were helpful in maintaining continuous quality improvement and that the attempt to survey front-line local provider staff on the CCR process was important to their understanding of the technical assistance provided.

The GPRA (statewide client-outcomes system) measures client satisfaction. ~~F-~~ for the first three quarters of FY04, ~~97.5% percent~~ of all clients were satisfied with the services they received. Client satisfaction rates have remained statistically unchanged for several years.

~~Key~~ in FY04, the department also distributed a key performance-evaluation survey ~~to so that~~ local providers ~~to could~~ evaluate DAODAS in several areas, including knowledge and expertise of staff and consistency of communications. The department gained insight from the survey and has set management directives to address identified concerns, to include additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines; protocols for refined communication with the providers; locating a better prevention-outcome data system; and providing additional access to its ~~utilization review~~ UR staff.

3.5. How does the agency build positive relationships with customers and stakeholders? Indicate key distinctions between different customer groups.

Primarily, the agency uses the standing and ad-hoc committee structure of the provider network to build a positive relationship with the provider community. These channels also offer the

opportunity for feedback and refinement and help set the agency's direction. The agency also offers a range of training and professional-development opportunities to assist in developing a positive relationship, not only with the provider community, but also with other providers of ~~AOD-substance abuse~~ services and sister state agencies with common citizen-clients.

To reach the citizen-client, the agency uses a variety of tools and techniques to build positive relationships ~~to~~ and address the needs and interests of various constituencies, including the general public and other special populations in need of ~~AOD-alcohol and other drug abuse~~ information and assistance. Specific activities include several communication strategies. The department places major emphasis on developing numerous types of ~~printed-informational~~ materials to reach various target audiences. The highlight for FY04 was the development and dissemination of new gambling materials and messages in concert with the South Carolina ~~Education~~ Lottery Commission. Finally, information is disseminated to the local provider network and to the general public as requested.

~~The department~~DAODAS places major emphasis on efforts to use the mass media to reach diverse constituency groups. In FY04, the department continued to implement the Partnership for a Drug-Free South Carolina, a statewide media campaign designed to promote awareness of the problem of illicit drug abuse. During FY04, this initiative received pledges totaling more than \$1 million in airtime and print space. As an example of the ~~campaign's-campaign's~~ media partners fulfilling their pledges, television stations in the Columbia and Greenville markets alone donated \$140,000 worth of airtime, far outstripping the approximately \$5,000 per year that DAODAS spends on the initiative.

The department also manages a comprehensive Web site that contains a wealth of information about the statewide ~~system of the~~ local provider network, as well as information about specific issues and concerns related to substance abuse. ~~Additionally~~In addition, the ~~department~~DAODAS operates two toll-free numbers that the public can use to locate the county alcohol and drug abuse authorities and to access various printed materials available through DAODAS. Since September 2003, the toll-free lines received ~~4,195~~1,195 calls, the majority of which were requests for treatment referrals.

Prevention programming ~~is targeted~~targets toward the South Carolina citizenry-at-large, with emphasis on community-based and youth programming. Prevention strategies are designed to determine community needs first, through such methods as focus groups, surveys and other needs-assessment instruments. This is followed by program design and implementation, and then by evaluation. Evaluation is targeted toward six principles of effectiveness, as set by ~~the~~ federal Center for Substance Abuse Prevention (CSAP). CSAP is also in the process of setting national standards for prevention outcomes, which will be adopted by DAODAS when finalized.

The department also works with the Governor's Office and the South Carolina General Assembly to promote its mission of providing prevention, intervention and treatment services to reduce the negative effects of the use and abuse of alcohol and other drugs. Specifically, the agency works closely with the House Ways and Means Committee and the Senate Finance Committee to underscore the need for maintenance funding for its services and providers, and also to underscore the need for additional access for Medicaid clients and Medicaid coverage.

~~The agency works closely with the local provider network to access individual legislators to support the agency's mission and resulting program offerings.~~

The department has built strong collaborative relationships with other state agencies and community coalitions to reach underserved populations and to provide a range of prevention, intervention and treatment services. Notably, these agencies include the South Carolina Department of Education (SDE); state and local law enforcement agencies (South Carolina Departments of Corrections; South Carolina Department of Public Safety; DP Probation, Parole and Pardon Services; and DJ Juvenile Justice); DSS South Carolina Department of Social Services (DSS); and DHHS. ~~The department~~ DAODAS is also leading the development and implementation of a faith-based model to work with the faith community in building awareness of the problem of substance abuse, as well as to seed community efforts to assist the recovering individual. During FY04, and as mentioned, the department continued implementation a federal grant to focus on and emphasize the development and implementation of community coalitions to provide science-based prevention efforts.

For FY05, the department will continuously evaluate and improve methods to determine customer requirements, identify future customers and their needs, and seek to build loyalty from its most valued customers.

Information and Analysis

4.1. How does the agency decide which operations, processes and systems to measure?

As a federal block grant recipient, ~~the department~~ DAODAS is required to meet certain federal mandates and to measure certain processes and systems. Block grant regulations require the state to earmark funding for defined populations and services (women, intravenous drug abusers, HIV clients, prevention services). As a result, the department has agreed to ensure that these earmarked funds are provided to the identified populations or for the identified service by contracting with the local provider network, or with other entities that can reach the population or provide the required service. The department ensures that 100% ~~percent~~ of the required earmarked funds meet the set-aside requirement in each federal block grant year. The federal block grant also requires the state to measure outcomes per federal criteria, and therefore ~~the department~~ DAODAS has instituted a statewide client-outcome system to gauge ~~AOD~~ alcohol and other drug use, recovery, health status, employment, educational status and client satisfaction, among others. These measures, required by the GPRA, are further detailed under ~~question~~ Question 7.4.

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The department also tracks contract objectives meant to increase the effectiveness of treatment and to ensure timely access to care. These “Goals of Effectiveness” were added as a direct result of identifying best practices across the country.

The department has identified key operations, processes and systems through its strategic planning process. The action plans include a range of evaluation tools and measures as tied to a strategic goal. For example, the strategic planning process has indicated a need for better

communication and collaboration with the local provider network. Continued efforts will be made in ~~FY04~~ FY05 to set a goal for responding to inquiries and the evaluation of these efforts.

All the identified measures are tied to the agency's strategic goals, action plans and the overarching goal. A key challenge during FY05 will be for the department to continue to identify which operations, processes and systems to measure, and then to set those measures using the available data.

4.2. What are the agency's key measures?

The agency's key measures are required under the GPRA (statewide client-outcomes system) and the contractual "Goals of Effectiveness" (efficiency objectives or benchmarks designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuum of care). In addition, the department has instituted several benchmarks, in cooperation with ~~the Governor's O-Mark Sanford's office~~, which detail parts of the GPRA data, but also include reducing ~~the~~ five-year detoxification recidivism rate, increasing evidence-based prevention programming and increasing alternate funding for substance abuse services. ~~Additionally~~ Also, the agency is required to reduce youth access to tobacco in compliance with federal law ("Synar Amendment"), and ~~achieving~~ achieving a low "buy-rate" is a key measure (11.7% in 2004).

4.3. How does the agency ensure data integrity, timeliness, accuracy, security and availability for decision-making?

4.4. How does the agency use data/information analysis to provide effective support for decision-making?

Data ~~are~~ is amassed from many sources, but primarily through the department's ~~Office of~~ Management Information and Research (MIR) Section. MIR has instituted detailed quality, reliability and completeness standards to ensure its accuracy and availability for decision-making. This includes elements on the reporting of data to the department from the local provider network, the review of such data for their integrity and submission of the data to the federal Center for Substance Abuse Treatment (CSAT). DAODAS has always averaged a recorded accuracy well above 99-~~% percent~~ every month, and did so in FY04, as independently verified by Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies.

The department collects data through other divisions and includes data on program quality and compliance, provider-performance data and financial indicators. These data are available on a monthly and quarterly basis, and are reviewed by the various program and contract managers for completeness and reliability. Mid-course changes in direction are made when necessary.

~~The department~~ DAODAS also utilizes data from external sources for decision-making, more specifically from agencies and entities that share citizen-clients. Any service expansion or budget expenditure is thoroughly reviewed before commitments are made, using a range of

measures that include a needs assessment, provider performance, resource overview and the ability to comply with applicable federal and state standards.

Another good example of analyzing data is the use of the information gathered from the annual CCR process. The department utilizes this process to identify best practices (benchmarks) for replication throughout the state. In addition, information is gathered and analyzed from this process that assists the department in planning for future needs and identifying programmatic or financial areas that may need to be addressed on a local, regional or statewide basis.

4.5. How does the agency select and use comparative data and information?

The department has looked to the federal government and even internationally to identify benchmarks and best practices to improve overall provider performance and to set outcomes for the citizen-client. Best practices are also identified through the National Association of State Alcohol and Drug Abuse Directors (~~NASADAD~~) and other federal partner agencies, and on a statewide basis through the CCR process. ~~Through the~~ Using this CCR-process, the department selects best practices and ~~uses-employs~~ identified comparative data to assist the local provider network in achieving the aforementioned “Goals of Effectiveness” and better client outcomes. This information also works to assist in increasing client access to services.

The department uses the “Goals of Effectiveness” as benchmarks meant to improve timely access to care and to engage clients in the continuum of care. See data listed under ~~questions~~ Questions 7.2 and 7.4 for specific measures. These measures were based on clinical best practices as outlined by the U.S. Department of Health and Human Services (now the U.S. Department of Medicare and Medicaid Services), the U.S. Department of Public Health, ~~the Substance Abuse and Mental Health Services Administration~~ SAMHSA, CSAT, the American Society of Addiction Medicine, Canadian Best Practices and Kaiser Permanente.

The client-outcome system conforms to the federal “gold standard,” as outlined in the GPRA, and it meets all current requirements of the SAPT Block Grant, as well as of CARF.

4.6. How does the agency manage organizational knowledge to accomplish the collection and transfer and maintenance of accumulated employee knowledge, and identification and sharing of best practices?

The department manages organizational knowledge and accomplishes the collection of organizational knowledge and the transfer and maintenance of accumulated employee knowledge through cross-training, as well as through structured formal full-staff meetings and departmental staff meetings. The agency is working to increase ~~address~~ knowledge transfers by including additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines.

In addition, once documents are completed, either for internal or external consumption, they are located on a shared computer drive and employees are encouraged to avail themselves of this information. The Internet also plays a role in shared and organizational knowledge, as employees are encouraged to share information located on the Internet regarding prevention,

intervention and treatment services and research. E-mail is also the most effective and efficient tool for sharing knowledge and transferring knowledge.

An active partner in the State Agency Training Consortium (SATC), the department supports this critical interagency training resource by providing education and professional development opportunities to other state agencies, as well as by sharing training resources including trainers and facilities at no cost.

Finally, the department DAODAS is greatly involved with the Southeastern Addiction Technology Transfer Center (SATTC) in Atlanta, which has as its main goal the transfer of addiction knowledge throughout South Carolina and Georgia, but also across the United States.

Human Resource Focus

5.1. How do managers/supervisors encourage and motivate employees to develop their full potential?

Although the agency DAODAS has endured severe budget cuts during the past 4-four years, the department understands committed employees are the essential ingredients of DAODAS' its success with in "doing more with less." The agency continues to set aside funds to offer trainings and workshops for the employees to attend. In addition, on-line learning through the Internet provides the most accessible means of training and updating employees in their respective fields. Today's employees want more information from management; therefore, division managers continue to conduct regular meetings with their employees to provide information, elicit feedback, recognize accomplishments, and encourage and motivate employees as members of a team. The agency continues to offer flexible work schedules to allow for maximum individual productivity, job satisfaction, and to accommodate the needs of those employees that who are pursuing degrees.

5.2. How does the agency identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training?

A unique strength of the DAODAS approach to education and training is to include DAODAS staff members in all 301-system/county training initiatives offered for the local providers. This model ensures that DAODAS staff members receive the same information around best practices and encourages the sharing and transfer of knowledge on a regular basis.

In addition to the numerous regularly scheduled trainings, DAODAS also sponsors various Quarterly quarterly Meetings meetings for specific populations, including: pPrevention cCoordinators, Financial-financial Managersmanagers, Treatment-treatment Directorsdirectors, ADSAP Coordinatorscoordinators, and Youth-youth Coordinatorscoordinators. Each of these specific quarterly meetings includes a training component at each meeting. The topics addressed are identified through the collaborative input of DAODAS staff members in cooperation with the county providersauthorities. This approach strengthens the level of knowledge at the statewide level as well as provides a structured setting to ensure an ongoing sharing-exchange of

knowledge and best practices. This is accomplished not only through the formal training component but also as a result of the informal networking and sharing that occurs ~~at during~~ each meeting.

During this reporting period, DAODAS was able to provide 104 different formal education and professional-development initiatives, including the 29th South Carolina School of Alcohol and Other Drug Studies. Through these diverse offerings, a total of 2,624 registrants received critical information to improve and expand the skills, resources and knowledge required to effectively perform many of their job functions.

Many of these trainings offered opportunities ~~to share for the sharing of~~ best practices ~~between among~~ DAODAS staff members, employees of the 33 county ~~provider system~~ authorities, and interagency representatives from a variety of ~~State-state~~ Departments-agencies including—DHEC, DHHS, DMH, DPPPS, DSS, SCVRD, SDE, Department of Disabilities and Special Needs, Vocational Rehabilitation, Mental Health, Health and Environmental Control, Health and Human Services, Social Services, Disabilities and Special Needs, Probation, Parole and Pardon, Education as well as many of the ~~institutes-institutions of Higher-higher Education-education~~ from throughout South Carolina.

It is important to note that, in order to reach key populations/customers, DAODAS emphasized specific training initiatives ~~including: on services for~~ youth, women, individuals with co-occurring disorders and compulsive gamblers.

A myriad of opportunities exist on an ongoing basis to assess training needs. For internal needs, employees and supervisors are expected to address future training needs in connection with the Employee Performance Management System (EPMS) process. ~~Through This can involve either~~ a supervisor identifying an area of improvement for ~~their-his/her~~ employee or an employee identifying a specific area of professional development related to ~~their-his/her~~ job function.

Trainings are developed through a combination of factors including: feedback through the evaluation processes of previous training-related initiatives; the identification of best practices; available technical assistance through federal and staff/-program development and training resources. These include ~~the: site visits by and technical-assistance requests of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration SAMHSA, Centers for Substance Abuse Prevention (CSAP) and Treatment (CSAT) site visits and technical-assistance requests.~~ Other major resources include the Southeast Addiction Technology Transfer Center (Treatment)-SATTC and the Southeastern Center for Applied Prevention Technology Technologies (SECAPT).

Best-practice resources as documented by approved researchers related to the prevention of alcohol, tobacco and other ~~drugs-drug abuse~~ are available on the DAODAS ~~website~~ Web site. A similar “toolbox” is being ~~development-developed~~ for the treatment-related issues supported by similar research.

Many key trainings to meet the needs of the basic, intermediate and advanced levels of prevention, intervention and treatment professionals who providing ~~alcohol, tobacco and other~~

~~drug substance abuse~~ services were provided to address a myriad of identified critical areas, identified including: “Intensive Family Services”; “Family Dynamics for the Prevention Professional”; “Case Management for Medicaid Providers”; “Youth Services Training”; “Getting to Outcomes” (~~Prevention~~prevention); and “Treating Adolescents.”

In support of the Southeastern School of Alcohol and Other Drug Studies, DAODAS has provided a ~~SC~~ state coordinator to ensure that South Carolina ~~staff professionals are~~ well represented throughout the planning, implementation and evaluation of this important regional (~~Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Mississippi, Alabama, Kentucky, Tennessee and South Carolina~~) initiative. ~~initiative.~~ This annual event is one of the oldest (43 years) professional settings for alcohol and other drug professionals to gather to share best practices and explore strategies for the on-going improvement of processes and procedures. State coordinators who participate in the planning process are present during the weeklong event and review and respond to the comprehensive evaluation process to ensure continuous improvement.

~~The department~~DAODAS continues to focus on high-priority diversity issues including ~~Limited~~ Limited English Proficiency, with a special emphasis on the increasing Hispanic/Latino population. During the next year, the department ~~is planning~~plans to expand ~~the its~~ training programs by providing an in-depth training ~~of trainers~~ to address the language and cultural issues of Hispanic/Latinos as related to alcohol and other drug issues.

5.3. How does the EPMS, including feedback to and from employees, support high performance?

While supervisors are responsible for completing the EPMS, the employee plays an essential role by providing feedback to ensure their EPMS evaluations captures all major accomplishments and ~~adequately~~ effectively describes the employee's performance. As a result of year-to-year evaluations, employees also go through a planning stage to look at their actual job duties and what is expected of them, thereby ~~allowing the employees~~ allowing the employees to maximize their potential to receive high performance ~~evaluations~~ratings.

For FY05, the department will seek to link position descriptions and EPMS documents to the agency's ~~strategic~~ plan and ~~agency~~ business results.

5.4. What formal and/or informal assessment methods and measures does the agency use to determine well-being, satisfaction and motivation?

Once an employee goes through orientation, ~~they are~~he/she is involved in numerous agency activities that ~~deals~~ with employee moral and motivation. Teamwork plays a very important part as it relates to working together to achieve goals in the work-place. The agency encourages employees to ~~comment on their~~submit concerns (suggestion card reads “YOUR CONCERN IS OUR CONCERN”) in ~~the an~~ employee “suggestion box.” In addition, the director encourages ~~the an~~ “open-door” policy. One of his first undertakings in promoting open communication was to schedule a one-on-one meeting with each employee to discuss ~~anything~~any topics they wanted to explore. The director and managers use Fridays, as the agency's “casual-dress-day,” to “visit” employees ~~to and~~ gauge the agency's overall morale and employee's disposition.

5.5. How does the agency maintain a safe, secure and healthy work environment?

The agency has in place an emergency and safety plan (Employee Safety Program) to ensure that employees are safe during hurricanes, tornadoes, fires, bomb threats and instances of violence in the work place. Drills are provided-held throughout the year to ensure that staff is-members are familiar with the outlined procedures-outlined. During FY04, the plan was further modified to address points of contact, emergency preparedness and local disaster response. In addition, the department-DAODAS, in partnership with the South Carolina Department of Mental Health-DMH, received a grant to provide a framework for mental health counseling services in the event of major disasters or in their aftermath. The agency also secured a grant under "Homeland Security" to purchase security cameras that have been installed in the common entrance areas and outside perimeter of the building for added security.

5.6. What activities are employees involved with that make a positive contribution to the community?

The department participates in various community endeavors and charities. Some of these include the Salvation Army (Christmas Bell-Ringers), Good Health Appeal, memberships through professional organizations, various United Way programs, Red Cross campaigns, Easter Seals (Buck-A-Cup) and many more. Employees are encouraged to participate in community endeavors with agency support.

The department-DAODAS works within the South Carolina community-at-large by designating an internal community liaison to engage the community-citizens in activities to prevent problems related to the use of alcohol, tobacco and other drugs, particularly among youth.

Process Management

6.1. What are the key support processes, and how does the agency improve and update these processes to achieve better performance?

6.2. How does the agency incorporate organizational knowledge, new technology, changing customer and mission-related requirements, cost controls, and other efficiency and effectiveness factors into process design and delivery?

6.3. How does the day-to-day operation of key production/delivery processes ensure meeting key performance requirements?

6.4. What are the agency's key support processes? How are these improved and updated?

There are three design-and-delivery processes that the department utilizes to meet its broader mission of achieving sustainable recovery for the citizen-client and reducing use, abuse and harm. These include the budget-request process (state funding/local requests for proposals); the federal block grant application and disbursement process; and the contractual process with the local provider network, which is the key delivery process for funding of AOD-alcohol and other drug abuse services. The provider committee structure is fundamental in meeting changing customer needs and developing and communicating mission requirements, as well as supporting key partner interactions and processes to improve performance. Key processes are developed and changed according to customer input and needs. Staff from various DAODAS divisions also

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participate, which addresses the need for functional representation. Overall technical assistance and training are identified and provided to meet customer needs. This creates value for the customer.

On a daily basis, key delivery and support processes help meet key performance requirements. These include the county planning process, as based on the state strategic plan and guided by customer input. The department sees these processes as intertwined and ongoing. The CCR process also ensures that providers are adhering to a range of performance indicators and measures, including the contractual “Goals of Effectiveness” and the GPRA client outcomes. The provider committee structure again is key to the success of these processes. Standing and ad-hoc committees meet on a monthly basis around specific issues that allow an opportunity for resolving problems and gaining feedback. Financial Quarterly Meetings are an example of a key support process that provides opportunities to meet key financial performance requirements through focused presentations, discussions and customer feedback. This creates value for the customer.

Key support processes are updated and/or improved by focusing on the customer. For example, during the contractual process for ~~FY02~~fiscal year 2002, FY03 and now FY04, the department worked with the local provider network to craft a new memorandum of agreement (MOA) that contains much “boilerplate” contractual language, but also sets expectations for the delivery of services. The MOA defines the relationship for the delivery of basic and extended services and allows for the tracking of resources and accountability of their use and results. This process was completed through the standing Accountability Committee and was finalized using a wealth of customer feedback. This creates value for the customer.

~~Additionally~~In addition, the Division of Planning and Quality ManagementConstituent Services ~~acts-acted~~ as a key point of contact for providing business management, consultation, and technical assistance. Both of these are key points of contact that directly impact the achievement of key performance measures and act as a link in managing key partner interactions. This creates value for the customer.

The department also works with its sister state agencies to improve their performance. DAODAS has worked at length with DSS to provide services to chronic welfare recipients who may be suffering from ~~AOD~~-addiction. The department, through its contracts with its local provider network, has been able to maintain wrap-around services ~~to-for~~ chronic welfare recipients and also expand ~~AOD~~alcohol and other drug abuse services to this population. The end result has been a successful effort at reaching this population, thus addressing the need of DSS to further impact welfare rolls in South Carolina. This creates value for the customer.

For FY05, the department’s continuing challenge ~~continues to be~~is to better define and map its key daily and support processes, to set expectations (measures), and to track performance and ~~to~~ make adjustments. This may include the processes of future funding methodologies, future budget requests and funding statewide detoxification.

Business Results

7.1. What are the performance levels and trends for key measures of customer satisfaction?

The department currently uses two measures to gauge customer satisfaction. As stated, the provider network is encouraged to rate DAODAS on its effectiveness during the CCR process, specifically on the usefulness of this process as an important component for assisting the provider in the areas of strategic management, clinical quality assurance, financial compliance and prevention services. For the past four years, provider surveys have indicated that a majority of all respondents felt the review process was beneficial to their ~~agency~~ agencies as meeting the needs of their staff~~s~~. For FY04, provider satisfaction reached an estimated 95%.

| Provider Satisfaction/CCR | | | | |
|---------------------------|--------|------|------|----------|
| FY00 | FY01 | FY02 | FY03 | FY04 |
| 100% | 95.80% | 94% | 100% | Est. 95% |

Figure 7.1.a ~~7-19~~ (Source: DAODAS Division of Quality Enhancement, ~~Office of Planning~~ Section; CCR FY00-04 Analysis-)

The GPRA (statewide client-outcomes system) measures client satisfaction and the department has used FY01 data to set a benchmark for client satisfaction as reported during follow-up. For the ~~first three quarters of FY04~~ 3, ~~97.5 percent~~ 95 percent of all clients were satisfied with the services they received. ~~Client satisfaction rates have remained statistically unchanged for several years.~~

| Client Satisfaction/GPRA | | | |
|--------------------------|---------------------------|----------------------------|----------------------------|
| FY01 | FY02 | FY02 <u>FY0</u> | FY03 <u>FY0</u> |
| 96% | 96 <u>95</u> % | 95 <u>3</u> | 95 <u>4</u> % |

Figure 7.1.b (Source: DAODAS Division of Programs and Services, ~~Office of Management~~ Information and Research Section, Client Satisfaction — FY00-04 Analysis-)

7.2. What are the performance levels and trends for key measures of mission accomplishment and organizational effectiveness?

The following tables represent client outcomes that are key measures of partner performance and mission accomplishment. The department's overall strategic goal is to achieve sustainable recovery for the citizen-client, reducing use, abuse and harm, while ensuring access to treatment. These measures are taken from the GPRA (statewide client-outcomes system) and the contractual "Goals of Effectiveness" (efficiency objectives or benchmarks designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuum of care).

The client-outcome information includes ~~eleven~~ 11 quarters of available data, through the fourth quarter of FY04. Specific client-outcome data include: 1) the percentage of former clients using alcohol in the past 30 days; 2) the percentage of former clients using alcohol to intoxication in the past 30 days; 3) the percentage of clients using illegal drugs in the past 30 days; 4) the percentage of former clients using tobacco in the past 30 days; 5) the percentage of

former clients using outpatient health care in the past 30 days; 6) the percentage of former clients unemployed or not employed in the past 30 days; 7) the percentage of former clients with dependent living arrangements or who are homeless; 8) the percentage of former clients using emergency room care in the past 30 days; 9) the percentage of former clients using outpatient health care for medical or emotional problems in the past 30 days; 10) the percentage of former clients using emergency room care for medical, emotional or ~~AOD-substance abuse~~ problems in the past 30 days; 11) the percentage of former clients arrested on any charge in the past 30 days; and 12) the percentage of student clients who were suspended, expelled or in detention ~~in~~ during the past 30 days.

Specific client-retention data include: 1) assessment provided within two working days of intake; and 2) clinical service provided within six working days of assessment. The department also requires that local providers meet two objectives on the client's completion-of-treatment-services and completion-of-outcome surveys, which provides the raw numbers for the GPRA outcomes.

Client Treatment Outcomes

| Client Treatment Outcomes | | | | |
|--|---|-----------|-----------|---------------------------|
| Results for Matched Clients Measured at Admission, at Discharge and at Follow-up | | | | |
| Follow-Up Surveys Conducted Two to Three Months After Client Discharge From Treatment Services | | | | |
| Analysis for Clients Completing Services During FY04 | | | | |
| Client Characteristic or Measurement | Percentage of Matched Clients With Characteristic as Measured at: | | | Number of Matched Clients |
| | Admission | Discharge | Follow-Up | |
| Alcohol Use in Prior 30 Days Among Alcohol Problem Clients | 62.3% | 32.0% | 18.5% | 3,047 |
| Alcohol Intoxication in Prior 30 Days Among Alcohol Problem Clients | 37.2% | 19.4% | 4.8% | 3,038 |
| Illicit Drug Use in Prior 30 Days Among Drug Problem Clients | 55.9% | 32.3% | 2.7% | 2,190 |
| Tobacco Use in Prior 30 Days Among All Clients | 64.2% | 58.0% | 48.1% | 4,149 |
| Unemployed or Not Employed but Labor Force Eligible, Prior 30 Days, Age 16+ | 16.1% | 12.3% | 12.4% | 1,988 |
| Dependent Living Arrangement or Homeless, Prior 30 Days, Age 18+ | 16.6% | 14.8% | 16.4% | 3,291 |
| Outpatient Health Care Use for Medical or Emotional Problems, Prior 30 Days | 13.3% | 8.9% | 12.8 | 3,883 |
| Emergency Room Use for Medical, Emotional, AOD Problems, 30 Days | 6.0% | 5.3% | 2.1% | 5,681 |
| Arrested on Any Charge in Prior 30 Days | 6.6% | 2.4% | 2.3% | 4,097 |
| Student Clients Suspended, Expelled or in Detention, Prior 30 School Days | 17.7% | 7.4% | 5.8% | 1,096 |

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Client Treatment Outcomes

Figure 7.2.a7-2.a10 (Source: DAODAS Division of Programs and Services, Office of Management, Information and Research Section; Unduplicated Clients/Matched Clients-)

Analysis – From the above GPRA outcomes, it is clear that clients receiving services at the local level are getting better, reducing their ~~AOD-alcohol and other drug~~ use, going back to work and staying in school. Specifically, clients are using less, abusing less and achieving certain levels of sustainable recovery. These are the key measures of mission accomplishment and partner performance.

(Note: The one anomaly lies in the indicator around use of outpatient health care. As clients address their ~~AOD~~ alcohol and other drug abuse, they are better able to address other healthcare-related issues; ~~and~~ therefore, an increase in the use of outpatient health care is a byproduct of recovery.)

Efficiency Measures

Figure 7.2.b11 (Source: DAODAS Division of Programs and Services, Office of Management Information and Research Section; Unduplicated Clients/Matched Clients.)

| Efficiency and Effectiveness Measures | | | | | | | | |
|--|----------------------------|-------|-------|-------|-------|-------|------|-----------|
| Timely Entrance into Services | | | | | | | | |
| | Performance by Fiscal Year | | | | | | Goal | N Clients |
| Efficiency and Effectiveness Measures | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2004 | 2004 |
| Assessment Within Two Days of Intake | 58.2% | 57.4% | 72.3% | 75.5% | 79.9% | 82.1% | 75% | 35,867 |
| Clinical Service Within Six Days of Assessment | 45.6% | 44.5% | 44.9% | 46.4% | 52.3% | 62.7% | 50% | 21,279 |

Figure 7.2.b (Source: DAODAS Division of Programs and Services, Management Information and Research Section; Unduplicated Clients/Matched Clients)

Analysis – Trends in these efficiency measures have shown measured accomplishments throughout the late 1990s and into the millennium on client treatment and retention and thus positive results in achieving sustainable recovery, reducing harm and reducing abuse.

Youth Access to Tobacco Study

| Prevention Program Outcomes | | | | | | | | | | | |
|---|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Percentage Selling Cigarettes to Underage Youth, Ages 14-17 | | | | | | | | | | | |
| | Performance by Calendar Year | | | | | | | | | | |
| Prevention Program Outcomes | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
| Percentage Selling Cigarettes to Youth Ages 14-17 | 63.2% | 54.2% | 41.3% | 22.6% | 24.7% | 19.8% | 18.7% | 17.1% | 15.5% | 11.9% | 11.7% |
| Total Number of Purchase Attempts Conducted | 1,915 | 1,703 | 2,081 | 3,562 | 4,045 | 4,291 | 4,536 | 4,451 | 4,818 | 5,209 | 5,202 |

Figure 7.2.c7.2.c12 (Source: DAODAS Division of Programs and Services, Office of Management Information and Research Section; Unduplicated Clients/Matched Clients.)

Analysis – See Question 7.5, Key Measures of Regulatory and Legal Compliance, for explanation.

As another important measure of partner performance and mission accomplishment, the department utilizes the CCR process to measure for uniform and continuous quality improvement as an important component for assisting the provider in the areas of strategic management, clinical quality assurance/clinical supervision/case review, Medicaid, financial compliance and prevention services. FY04 was another year of sustained quality for providers in all areas. The dip from FY03 to FY04 can be accounted for due to a change in the rating system and a more rigorous review. The following table shows the trends since 1997.

| Percent in Compliance | | | | | | | | |
|----------------------------|------|------|------|------|------|------|------|------|
| Functional Areas | FY97 | FY98 | FY99 | FY00 | FY01 | FY02 | FY03 | FY04 |
| Financial Compliance | 65% | 65% | 91% | 89% | 88% | 93% | 72% | 88% |
| Clinical Quality Assurance | NA | NA | 86% | 91% | 97% | 97% | 100% | 90% |

| | | | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Prevention, Resource Center, HIV | 97% | 76% | 95% | 91% | 98% | 99% | 98% | 96% |
| Strategic Management | N/A | N/A | N/A | N/A | 89% | 98% | 95% | 82% |

Figure 7.2.d7-2.d13 (Source: DAODAS Division of Quality Enhancement, Office of Planning Section: FY97-04 CCR Analysis.)

In the area of partner performance, the department has worked closely with DSS and contracts for TANF Temporary Assistance for Needy Families (TANF) funding for the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) project. This effort involves TANF-eligible individuals and seeks to improve their overall quality of life through AOD alcohol and other drug education, assessment, treatment, relapse prevention, and transitional and wrap-around services.

In October 2003, the PAIRS project was continued for an additional federal fiscal year (federal) with total funding of \$2.25 million. For federal fiscal year 2004 (FFY2004), 13 local-county authorities contracted to provide PAIRS case-management services and to coordinate care and reimbursement for room and board in five women's residential centers. Transitional services are also available to all 33 local-providerscounty authorities. These funds can be utilized to assist TANF-eligible clients with transportation costs to treatment, employment readiness, and with basic needs such as securing safe housing and payment for utilities. The end goal for many participants is for clients to regain custody of their children. Other benefits include reduced relapse rates, learning additional life skills, improving parenting skills and an overall better quality of life. Since October 2003, there have been 282 clients with 58 successful completions.

Another measure of partner performance is the association with DHHS and the department's DAODAS's operation of Medicaid utilization review (UR). This project ensures that Medicaid clients receive care that is appropriate to their individual needs and promotes the efficient and effective utilization of service capacity. The goal of UR, since its inception in FY98fiscal year 1998 (FY98), is to decrease the number of clients utilizing hospital services and direct these clients to a more appropriate level of care. The following table shows these trends through FY02. FY03/FY04 data have was not been available as-at the publication date of this report.

| Outputs | FY98 | FY99 | FY00 | FY01 | FY02 |
|---|-------|------|------|------|------|
| Medicaid Clients at Level IV (Hospital) | 1,312 | 940 | 704 | 759 | 970 |
| Medicaid Clients at Level III.7D | 78 | 150 | 254 | 345 | 363 |

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Figure 7.2.e7.2.e14 (Source: DAODAS Division of Providers Support, Office of Utilization Review Section.)

During FY01, a slight increase in the number of clients using hospital services and an increase in the number of clients using the lower level of care (detoxification) was a result of the increasing number of Medicaid clients and the maximization of the limited resources of detoxification services. This continued during FY02, in that the department and its local providers have almost doubled the number of unduplicated Medicaid clients served from 1998 (3,533) to those served in 2002 (8,350), and even 2003 (8850). A further analysis reveals that the capacity the AOD system-based care local provider system has reached its maximum capacity, while beds remain available in hospitals. In addition, transportation remains a problem between providers, especially in rural areas.

However, cost savings have accrued. The average cost of detoxification in hospitals for FY02 was \$3,963 per visit, while the average cost of detoxification at the lower level of care (provider network) was \$1,581 per visit. This is a cost savings of \$2,381 per detoxification service, with the costs per visit showing little fluctuation over the past three years. Using FY98 as the baseline, the gross savings for detoxification services only realized through the UR process over the past four years are approximately \$6.03 million.

7.3. What are the performance levels and trends for key measures of financial performance?

The SAPT Block Grant received by the state of South Carolina to fund the bulk of prevention, intervention and treatment services to the citizens of the state requires that the department, and thus the state, to South Carolina meet an obligation known as the Federal-federal Maintenance of Effort (MOE). This means that the department must expend state funds in an aggregate amount that is not less than the average expenditures of the previous two fiscal years. State budget cuts have severely and adversely impacted the department's ability to meet the MOE. Penalties include a dollar-for-dollar payback for of the amount for which the state is out of compliance. During state fiscal year 2002FY02, the department reported that it did not meet its MOE mandate by \$1,761,902. Federal law allows the state to apply to the Secretary of Health and Human Services for a waiver of the MOE requirement, if the state can prove "extraordinary economic conditions" (e.g., increase in unemployment rates, reduced collection of tax revenue). Federal law allows the state to apply to the Secretary of the United States Department of Health and Human Services for a waiver of the MOE requirement, if the state can prove 'extraordinary economic conditions' that include certain conditions in unemployment and collection of tax revenue. DAODAS submitted documentation of such "extraordinary circumstances" and was granted a waiver for its fiscal year 2003 (FY03) SAPT Block Grant application. The department submitted documentation of these 'extraordinary circumstances' and was granted a waiver for its 2002 block grant application. For FY03/04, the state has not met its MOE compliance requirement due to state budget cuts, and as such, therefore is facing a \$5.8 million penalty, due to state budget cuts.

DAODAS also reviews, on a regular basis, the financial activities and performance of the county authorities. Revenues, expenditures and budgets are monitored and evaluated on a monthly basis, and DAODAS staff routinely provides on-site technical assistance for financial staff working in the provider network. Each local provider must also contract with an independent

accounting firm for the completion of an annual audit. The resulting audit report is submitted to DAODAS for further review and follow-up by the agency's internal auditor.

The challenge for FY05 will be to further identify new performance measures, as well as test existing measures for continued compliance with financial regulations.

7.4. What are the performance levels and trends of employees for key measures of satisfaction, involvement and development?

The agency considered implementation of an employee-satisfaction survey to further determine opportunities for career development; satisfaction with management, compensation and benefits; training needs; and job satisfaction. However, due to budget cuts and its impact on employee morale, the survey was not implemented.

7.5. What are the performance levels and trends for key measures of regulatory/legal compliance and citizenship?

As a federal block grant recipient, the department is required to meet certain federal mandates and to measure certain processes and systems. Block grant regulations require the state to earmark funding for defined populations and services (women, intravenous drug abusers, HIV clients, prevention services). The department has ensured that 100% percent of the earmarked funds meet the set-aside requirement in each federal block grant year. DAODAS has in fact surpassed expectations and thus the requirement. The following chart reflects this effort.

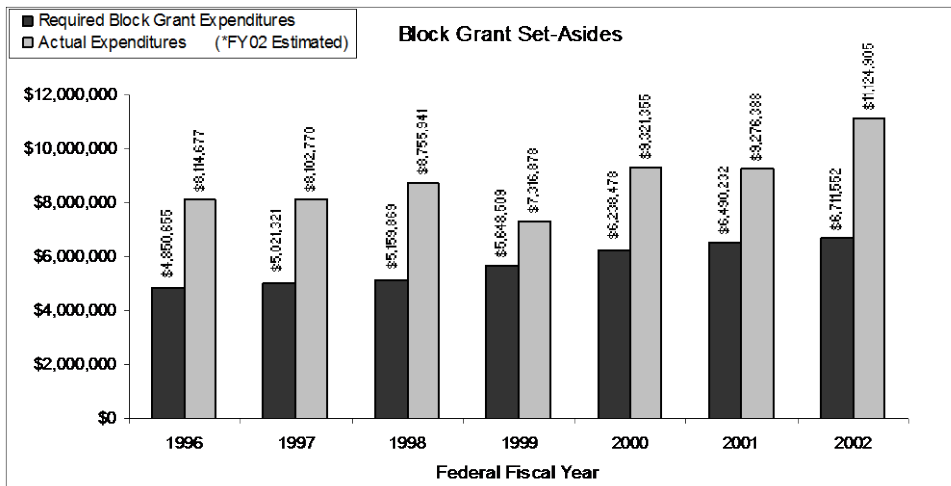


Figure 7.5.a7.5.a15 (Source: DAODAS Division of Finance and Personnel, Block Grant Set-Aside Analysis, FY96-02-)

In addition, DAODAS requires that each county authoritythe provider networkbe nationally accredited through CARF and state licensed through DHEC. Each member of the provider

network has maintained CARF accreditation; South Carolina was the first state to have each of its public providers receive nationally accreditation on their-its first attempt. This effort is ongoing and is a key requirement for contracting with the department to provide AOD-substance abuse services. Additionally~~In addition~~, each provider is surveyed by DHEC to ensure the health and safety of the facilities and that the programs offered are of adequate quality. A recent study by the department determined that for FY04, DHEC had cited the providers, as a group, for relatively minor standard infractions, all within statistical standards.

DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth's access to tobacco. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.7% ~~percent~~ in 2004. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% ~~percent~~ cut in SAPT Block Grant funding. The following chart details this trend.

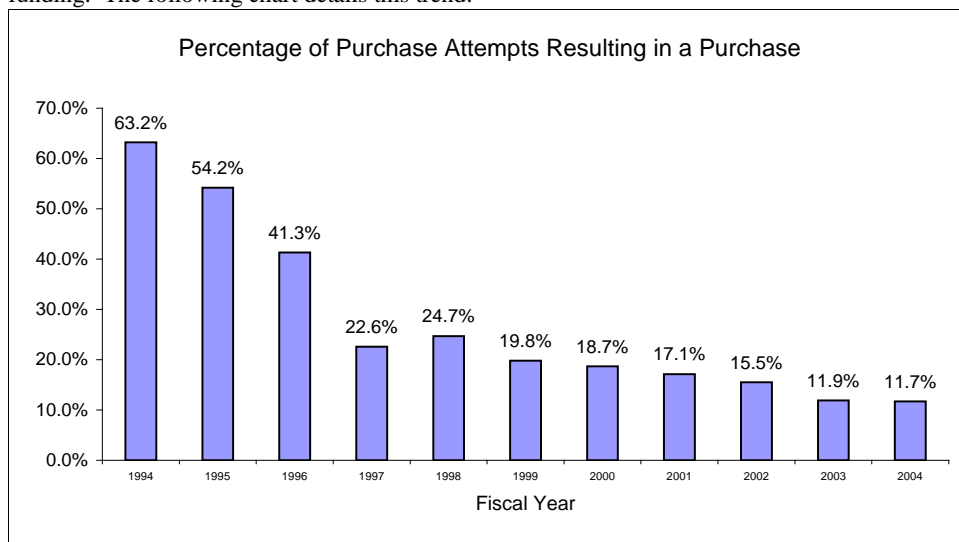


Figure 7.5.b ~~7.5.b.16~~ (Source: DAODAS Division of Programs and Services, *Office of Management Information and Research Section*; 2004 Youth Access to Tobacco Study, Ages 14-17-)

Conclusion

There is still much work to be done in meeting the needs of the citizen-client. DAODAS estimates that approximately 235,884 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families find the help they need through the vital services offered by DAODAS and the statewide system of county alcohol and drug abuse authorities.

The work includes successfully managing potential budget reductions by identifying and further tapping stable funding streams (e.g., Medicaid) and continuing to collaborate with the local provider network and partner state agencies – all of which have suffered budget reductions, which impact not only those agencies, but also the shared citizen-clients served. DAODAS will focus on maintaining services at current levels, while meeting the Governor’s vision of management, accountability and performance. These realities will be the basis for the agency’s FY06 budget request.